

APPLICATION FOR EMERGENCY TEACHING CREDENTIAL

For Educators displaced by Hurricane Katrina

PERSONAL DATA

If you have previously held a Tennessee Teacher's License or Permit indicate below:

Type _____

Reference/Teacher Number _____

Last Name		First Name		Middle/Maiden	
Social Security Number	Email Address	Telephone Number	Date of Birth	* Race	* Sex
Street/P.O. Box		City		State	Zip Code

**Optional-Statistical information only*

PLEASE READ CAREFULLY BEFORE SIGNING

Answer the following questions if you have **NEVER** held a Tennessee Teacher License or Permit:

1. Have you ever been convicted of a felony (including a conviction or plea of nolo contendere)? _____ YES _____ NO
2. Have you ever been convicted of the illegal possession of drugs and/or narcotics? _____ YES _____ NO
3. Have you ever falsified or altered documentation required for licensure? _____ YES _____ NO

Signature _____

Date _____

Answer the following questions if you have **EVER** held a Tennessee Teacher License or Permit, (since the Tennessee License or Permit was last issued or renewed):

1. Have you been convicted of a felony, (including a conviction or plea of nolo contendere)? _____ YES _____ NO
2. Have you been convicted of the illegal possession of drugs and/or narcotics? _____ YES _____ NO
3. Have you falsified or altered documentation required for licensure? _____ YES _____ NO

Signature _____

Date _____

INSTRUCTIONS FOR APPLICANTS HOLDING A TEACHER LICENSE IN EITHER ALABAMA, LOUISIANA OR MISSISSIPPI

I currently hold a valid teaching license in one or more of the following states:

_____ Alabama

_____ Louisiana

_____ Mississippi

From which district and school have you been displaced?

District: _____ School: _____

What grade(s)/subject area(s) did you teach at this school? _____

Please be advised that the State of Tennessee will contact the Department of Education for each or any of the states indicated to verify your license on your behalf. However, if you have a copy of the license you may also attach it to this application.

This is a non-renewable credential. If you are planning to continue to reside in Tennessee after the 2005-2006 school year additional requirements must be met to be issued a full teaching license in Tennessee. Please indicate below if you plan to remain in Tennessee after the 2005-2006 school year.

_____ Currently I do not plan to reside in Tennessee after the 2005-2006 school year.

_____ I do plan to reside in Tennessee after the 2005-2006 school year. Please send me the additional information required to obtain a full Tennessee teaching license.

Commissioner of Education

Final Action: _____ Approved _____ Not Approved _____ Date: _____

Commissioner, State Department of Education

Mail or Fax to:

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